



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF BUILDING CODES ENFORCEMENT
ELEVATOR SECTION
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
Telephone: 502-573-1694 Fax: 502-573-1059



**ELEVATOR LICENSE
RENEWAL APPLICATION**

*Please type or print application. Answer all questions on this application.
A non-refundable application fee is to be submitted payable to Kentucky State Treasurer.*

Please check and enter the license number you wish to renew and indicate if you want to renew in an active or inactive status:

LICENSE TYPE	LICENSE NUMBER	ACTIVE	OR	INACTIVE
____ Contractor	EVC _____	_____		_____
____ Elevator Mechanic	EVM _____	_____		_____
____ Accessibility and Residential Elevator Mechanic	EVLM _____	_____		_____

Last Name: _____ First Name and Middle Initial: _____ D.O.B.: _____

Address: _____ City, State, Zip: _____

County _____ Telephone: (____) _____ Email address: _____

Employer Name and Address: _____

Business Name (EVC) _____ Federal ID (business) _____

RENEWAL FEES

ACTIVE

EVC \$240
EVM \$ 96
EVLM \$ 96

INACTIVE

EVC \$120
EVM \$ 48
EVLM \$ 48

RESTORATION FEE*

In addition to renewal fee.

EVC \$ 50
EVM \$25
EVLM \$25

REINSTATEMENT FEE**

In addition to renewal fee.

EVC \$100
EVM \$ 25
EVLM \$ 25

* If you fail to renew your license prior to expiration date, but within 60 days after the date of expiration, the restoration fee in addition to your renewal fee is required for renewal.

** Failure to renew your license prior to or within the 60 day period after expiration will result in **TERMINATION** of license. A terminated license may be reinstated without re-examination, if application for reinstatement is made within three (3) years of termination; all requirements for new license are met; and reinstatement and renewal fees are submitted.

Applicants for renewal of active licenses must submit proof of eight (8) hours of continuing education.

Applicants for renewal of active contractor licenses must attach proof of liability insurance (Certificate of Insurance for general liability in an amount not less than \$1,000,000 and property damage in an amount not less than \$500,000) and proof of Worker's Compensation insurance as required by KRS 198B.4027. The Department of Housing, Buildings and Construction, Division of Building Codes Enforcement, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405 shall be listed as certificate holder. Active Contractor License cannot be renewed without a current certificate of insurance.



The commissioner, in accordance with KRS Chapter 13B, may refuse to issue or renew, or may suspend or revoke the license or certificate of any licensee or certificate holder pursuant to KRS 198B.4033.

Please fill in each circle acknowledging that you have included the following:

- ☐ ***Completed Renewal Application and required supplemental documentation.***
- ☐ ***Attach the required criminal background check conducted by the Department of Kentucky State Police for contractor renewal applicants.***
- ☐ ***Non-refundable renewal fee (submitted to the Department and payable to Kentucky State Treasurer).***
- ☐ ***A recent passport sized color picture of the renewal applicant.***

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Elevator Mechanic or Contractor license at this time.

_____ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

Applicant's Signature: _____

Date: _____

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

The applicant, whose name is, _____, being duly sworn declares that foregoing subscribed statements are true to the best of the applicant's knowledge and belief, and has personally signed this application.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public _____

My Commission expires: _____

For Office Use Only

Date Received _____

Approved _____

Elevator Contractor # _____

Elevator Mechanic # _____

Issue & Status _____

EV-7 (Rev. June 2013)